## MULTIPLE DE DENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/551579

## **CLAIMS**

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT			1	AS FILED		AFTER		AFTER	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	1	IN	ND.	DEP.	IND.	DEP.	IND.	TI
1		ļ <u>.</u>					5				1			╅
2	<u> </u>	1				<u> </u>	52							1
3		1					53							T
4	ļ	ļ					54							
5							55							T
6							56							T
7							57							T
8							58		_ 7					1
9							59							
10							60							Π
11							61							
12							62		1					Г
13							63		T					Г
14							64							Г
15			I		I		65							
16							66							
17							67							
18							68							
19		I					69							
20							70						1	
21							71						1	
22							72							
.3							73							
4							74							
5							75							
6							76							
7							77							
8							78							
9							79							
0							80							
1							81		_ _					
2							82			and the second				
3							83		L					
4							84		$\perp$					
5							85							
6							86							
7							87	<b>↓</b>						
8							88	<del> </del>	_ _					
9							89	<del> </del>						
0							90	4	_			<u>-</u>		
1							91	1	4-					
2							92	-						
3							93		_ _					
4							94	<del>                                     </del>	- -					
5							Y5	<del></del>	- -					
5			<u> </u> _		<del> -</del>		96		-	<del></del>				
7  -	<del></del>						97	1	- -					
3							98	╂						
}-							99	<del> </del> -	- -			<del> </del> -		
DVD.	7	1		1		1	100 TOTAL INI	,	+-	<b>₽</b>	_			1
一,	<u> </u>	<u>.</u>		<u>.</u>			TOTAL DE	1	<b>」</b> <b>4</b>	it		<u>.</u>		<u>`</u>
AL .							TOTAL	1	TE					
Decs \	ノ <u></u>				102		CLAIMS	1			ENT of COM			Ž.